| Please type a plus sign (*) inside this box | <br>PTO/SB/05 (11-00<br>Approvad for use inrough 10/51/2002, Omb 0251-003<br>U.S. Paleni and Trademark Office; U.S. DEPARTMENT OF COMMERC<br>quired to respond to a collection of information unless it gisplays a yaile Omb control numb  |
|---|--|
|   | <br>ATTENDED TO THE CONTROL OF THE STATE OF THE CONTROL |
|   |  |

| UTILITY            |
|--------------------|
| PATENT APPLICATION |
| TRANSMITTAL        |

| <u> Alforney Docket No.</u> | ,         |               |   |
|-----------------------------|-----------|---------------|---|
| First Inventor              | Dr. Steph | en M. Nothnag | 1 |
|                             | _         | inger Support |   |

| Tauv for new nonprovisional applicat   | Express Mail Label   | No.  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| APPLICATION EL   | ADDRESS TO: Assistant Cortimissioner for Patents Box Patent Application  |  |  |   |  |  |  |
| Fee Transmittal Form (e.g., Fee Transmittal Individual Fee Transmittal Form (e.g., Fee Transmittal Individual Fee Transmittal Fee Transmit | PTO/SB/17) status.  pressing a table, ting appendix on status.  pressing status.  pr | 7. CD-ROM of Computer R. Nucleotide and/or (if applicable, all na. Computer B. Specification S i. Ct. Statemen ACCOMPAN 9. Assignmen 10. Specification S (when the 11. English To Statemen 13. Prelimina 14. K Return Right (Should b) | Box Pavent A washington.  TOP-R in duplicate Panino Aoid Sequencessary) Readable Form (equence Listing of D-ROM or CD-R (in per MYING APPLICATION Papers (cover \$ .73(b) Statement (e is an assignee) | peptication DC 20231  a. targe table or OL  ance Submission  CRF)  TO CRF) |  |  |  |
| Signed statement anachamed in the prior application (2) and 1.33(b).   | 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must strach form PTO/SB/SS or its equivalent.  17. X Other: Information Disclosure   |  |  |   |  |  |  |
| 18. If a CONTINUING APPLICATION, cneck appropriate box, and supply the requisite information below and in a preliminary ameriament, or in an Application Data Sheet under 37 CFR 1.76:  Commusion  Ovisional  Commusion:  Examiner  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 50, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a partion has been inadvariently omitted from the submitted application parts.  |  |  |  |   |  |  |  |
|  | 19. CORRESPONDE  | ENCE ADDRESS   |  |   |  |  |  |
| Customer wainber or Bar Code Laper   | thasan Customer No. or Allect be   | (,cb/je,idh/h,uete)<br>ot  | Correspon  | ndence squides delom  |  |  |  |
| Name g   | Shlesinger, Fitzs  | simmons & Shle   | singer   |   |  |  |  |
| Augress  | 83 East Main Str   | eet - Suite 1  | 323  |   |  |  |  |
|  | Cochester  | State N.Y.   | Zip (  | Code 14604  |  |  |  |
| Compter  |  | phone 585-325  |  |   |  |  |  |
|  | p K. Fitzsimmons   | Registration No. (/  |  | 19955   |  |  |  |
| Signature Ph   |  |  | Date   | 12/10/2   |  |  |  |

Signature

Date | 12 | 100 3

Surdern Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments of the autount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D. 20201 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application Washington, DC 20201.

| THE COMMISSIONER OF PATENTS AND TRADEMARKS:  Transmitted herewith for filing is the patent application of  Dr. Stephen M. Nothnagle  or Hand Weights With Finger Supports  The control of the invention to  a certified copy of a  | -                                   |                                  |                             |                 |   |         | 12-19-0     | 3         |
|--|-------------------------------------|----------------------------------|-----------------------------|-----------------|---|---------|-------------|-----------|
| The Stephen M. Nothhagle  or Hand Weights With Finger Supports  Inclosed are:  2   | TO THE COMMISSION Transmitted herev | NER OF PATENTS<br>with for filin | AND TRADEMA<br>g is the pat | RKS:<br>ent api | olication                                   |         |             |           |
| Continued are:   |                                     |                                  |                             |                 |   |         |             |           |
| Assignment of the invention to  a certified copy of a associate power of attorney avertified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 the filing we has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY  FOR No. Filed No. Extra  BASIC FEE  BASIC FEE  TOTAL CLAIMS 15 -20 0  | for <u>Hand Wei</u> g               | hts With Finge                   | er Supports                 | ·               | <del></del>                                 |         |             |           |
| Assignment of the invention to  a certified copy of a associate power of attorney avertified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27  the filing fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY  FOR No. Filed No. Extra  BASIC FEE  BASIC FEE  TOTAL CLAIMS 15 -20 0   | Enclosed are:                       |                                  |                             | <del></del>     |   |         |             |           |
| an assignment of the invention to  a certified copy of a   | xx 2 sheet                          | s of drawings                    | , plus 2 cop                | ies eac         | e h   |         |             |           |
| associate power of attorney a verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27  the filing we has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY  FOR No. Filed No. Extra RATE FEE RATE FEE  BASIC FEE \$385.00 \$1770.00  TOTAL CLAIMS \$5-20 0 \$19 0.00  INDEPENDENT CLAIM PRESENT \$145 \$288288 \$290.00  MULTIPLE DEPENDENT CLAIM PRESENT \$145 \$288288 \$290.00  ASSIGNMENT FEE \$100.00  TOTAL \$85.00 TOTAL \$  Please charge my Deposit Account No. 19-2100 in the amount of \$100.00  A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$100.00  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   |                                     | nt of the inve                   | ntion to                    |                 |   |         | <del></del> |           |
| associate power of attorney a verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27  the filing fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY  FOR No. Filed No. Extra RATE FEE RATE FEE  BASIC FEE 3885.00 \$770.00  TOTAL CLAIMS \$5-20 0 \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$  | a certified                         | copy of a                        |                             |                 |   |         | applio      | cation    |
| the filing fee his been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY  FOR No. Filed No. Extra RATE FEE RATE FEE  BASIC FEE  BASIC FEE  TOTAL CLAIMS 15-20 0 X \$9 0.00 X \$18  INDEPENDENT CLAIM PRESENT X \$145 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | associate po                        | ower of attorn                   | еy                          |                 |   |         |             |           |
| the filing fee has been calculated as shown below:  (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY  FOR No. Filed No. Extra RATE FEE RATE FEE  BASIC FEE 385.00 \$770.00  TOTAL CLAIMS \$5-20 0 \$  |                                     |                                  | stablish sma                | 11 enti         |   | s ı     | under 3°    | 7 CFR 1.9 |
| FOR No. Filed No. Extra RATE FEE RATE FEE  BASIC FEE 385.00 \$770.00  TOTAL CLAIMS \$5-20 0 \$\$18 \$\$  INDEPENDENT CLAIM PRESENT \$\$145 \$\$1\$\$\$2\$\$\$290.00  ASSIGNMENT FEE \$\$40.00 \$\$  TOTAL \$\$  Please charge my Deposit Account No. 19-2100 in the amount of \$\$ A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   |                                     |                                  | alculated as                | shown           | **  |         |             |           |
| BASIC FEE  BASIC FEE  TOTAL CLAIMS  BASIC FEE  TOTAL CLAIMS  BASIC FEE  TOTAL CLAIMS  BASIC FEE  BASIC FE  BASIC FEE  BASIC FE  BASIC FE |                                     | (Col. 1)                         | (Col. 2)                    | SMALI           | LENTITY                                     |         |             |           |
| TOTAL CLAIMS  15 -20  0  X \$9 0.00  X \$18  INDEPENDENT CLAIMS  3 -3  0  X \$43 XXXXXXX  X \$86.00  MULTIPLE DEPENDENT CLAIM PRESENT  ASSIGNMENT FEE  TOTAL  B85.00  TOTAL  Please charge my Deposit Account No. 19-2100 in the amount of \$  | FOR                                 | 1                                |                             |                 |   |         |             |           |
| TOTAL CLAIMS  15 -20  0  X \$9 0.00  X \$18  INDEPENDENT CLAIMS  3 -3  0  X \$43 XXXXXXX  X \$86.00  MULTIPLE DEPENDENT CLAIM PRESENT  ASSIGNMENT FEE  TOTAL  B85.00  TOTAL  Please charge my Deposit Account No. 19-2100 in the amount of \$  | DIGIO DED                           |                                  |                             |                 | +   | -       |             |           |
| INDEPENDENT CLAIMS  3 -3  0  | BASIC FEE                           |                                  |                             |                 | ₱385.00                                     |         |             | \$770.00  |
| MULTIPLE DEPENDENT CLAIM PRESENT  ASSIGNMENT FEE  TOTAL \$85.00  TOTAL \$  Please charge my Deposit Account No. 19-2100 in the amount of \$  A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$ 385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)  | TOTAL CLAIMS                        | 15 -20                           | 0                           | x \$9           | 0.00  |         | x \$18      |           |
| MULTIPLE DEPENDENT CLAIM PRESENT  ASSIGNMENT FEE  TOTAL \$85.00  TOTAL \$  Please charge my Deposit Account No. 19-2100 in the amount of \$  A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   | INDEPENDENT                         |                                  |                             |                 |   |         | _           |           |
| ASSIGNMENT FEE  TOTAL \$85.00 TOTAL \$  Please charge my Deposit Account No. 19-2100 in the amount of \$  A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)  | CLAIMS                              | 3 -3                             | 0                           | x \$ 43         | **************************************      |         | × >·        | \$86.00   |
| ASSIGNMENT FEE  TOTAL \$85.00 TOTAL \$  Please charge my Deposit Account No. 19-2100 in the amount of \$  A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)  | MULTIPLE DEPENDENT CLAIM PRESENT    |                                  |                             | x \$145         | <br> \$\\\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |         | x .         | \$290.00  |
| Please charge my Deposit Account No. 19-2100 in the amount of \$   | ASSIGNMENT FEE                      |                                  |                             |                 | t   |         |             |           |
| Please charge my Deposit Account No. 19-2100 in the amount of \$   |                                     |                                  | ·                           |                 |   |         |             |           |
| Please charge my Deposit Account No. 19-2100 in the amount of \$   |                                     |                                  |                             | TOTAL           | ₩85.00                                      | ,       | TOTAL       | \$        |
| A duplicate copy of this sheet is enclosed.  The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$ 385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   | () Please char                      | de my Deposit                    | Account No.                 | 19-210          |   | ı<br>am | ount of     | \$        |
| which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$ 385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)  | A duplicate                         | copy of this                     | sheet is en                 | closed.         | <del>_</del>                                |         |             |           |
| application without specific authorization, or credit any overpayment to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$ 385.00 to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   |                                     | ioner is herek                   | y authorize                 | d to ch         | arge any                                    | ad      | ditiona     | al fees   |
| to Deposit Account No. 19-2100. A duplicate copy of this sheet is enclosed.  A check in the amount of \$\frac{385.00}{1000}\$ to cover the filing fee is enclosed.  Any additional filing fees required under 37 CFR 1.16.  I (We) claim priority under the International Convention of my (our)   | application                         | without speci                    | fic authoris                | zation,         | or credi                                    | .t      | any ove     | erpayment |
| A check in the amount of $\$$ 385.00 to cover the filing fee is enclosed. Any additional filing fees required under 37 CFR 1.16. I (We) claim priority under the International Convention of my (our)  | to Deposit                          | Account No. 19                   | 9-2100. A di                | uplicat         | e copy of                                   | t       | his she     | et is     |
| Any additional filing fees required under 37 CFR 1.16. I (We) claim priority under the International Convention of my (our)  |                                     | the amount of                    | s 385.00 to                 | cover           | the filir                                   | ı a     | fee is      | enclosed. |
| I (We) claim priority under the International Convention of my (our)   |                                     |                                  |                             |                 |   |         |             |           |
| application Nofiled  | ·                                   | -                                |                             |                 |   |         |             |           |
|  |                                     | application                      | on No.                      |                 | _filed                                      |         |             | •         |
|  |                                     |                                  |                             |                 |   | •       |             |           |
| P.K Uhrmon<br>Attorney of Record   |                                     |                                  |                             |                 | P.K J                                       | ily.    | of Rec      | cord      |

Of: Shlesinger, Fitzsimmons & Shlesinger 183 East Main Street, Suite 1323 Rochester, New York 14604